

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033573

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8239

STATE FILE NUMBER

FILED AUG 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>3 weeks</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Park Side Manor N.H.</b>		d. STREET ADDRESS (If outside, give location) <b>4932 Lindenwood Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>LOUIS</b> Middle <b>GEORGE</b> Last <b>DEPPE</b>		4. DATE OF DEATH Month <b>August</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 19, 1891</b>
9. AGE (last birthday) <b>71</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate Salesman</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	
13a. FATHER'S NAME <b>Louis Deppe</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Henkle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>25</b>	
17. INFORMANT <b>Mrs. Louis George Deppe</b>		14. NAME OF HUSBAND OR WIFE <b>Marguerite Gregory Deppe</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>AS4.0</b> DUE TO (c) <b>420.0</b>		INTERVAL BETWEEN ONSET AND DEATH <b>two weeks</b> <b>2 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parkinson's Disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>March 1952</b> to <b>August 11, 1963</b> and last saw him alive on <b>August 11, 1963</b> Death occurred at <b>8:15</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert M. Launch M.D.</b>		22b. ADDRESS <b>52 Maryland Plaza St. Louis</b>	
22c. DATE SIGNED <b>8/12 /63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug. 13, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>			
24. FUNERAL DIRECTOR <b>Ambruster Mortuary 6633 Clayton Road</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 13 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Lois Smith. M.D.</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

*Edith M. Starnick  
52 Maryland Plaza*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edith M. Starnick*

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.